

## **Associations of Primary Care Providers and Professional Associations**

### **Worksheet**

<b>Contact Information</b>			
<b>Name</b>		<b>Organization</b>	
<b>Address</b>		<b>Phone</b>	
		<b>FAX</b>	
		<b>E-mail</b>	
		<b>Website</b>	
<b>About your practice and patients</b>			
<b>What is your awareness of/involvement with TB and at-risk populations?</b>			
<b>What are the stigmas, language, and cultural issues impacting your ability to serve your at-risk patients?</b>			
<b>What would help you to address these stigmas, language, and cultural issues?</b>			
<b>How do your at-risk patients view TB?</b>			
<b>About your organization</b>			
<b>What is its mission and primary activities?</b>			
<b>What is your leadership structure? (How are decisions made, are there regional working groups, etc.)</b>			

## Associations of Primary Care Providers and Professional Associations

*Worksheet (cont.)*

<b>About your meetings</b>			
<b>Type/purpose</b>		<b>Type/purpose</b>	
<b>Who attends</b>		<b>Who attends</b>	
<b>How often</b>		<b>How often</b>	
<b>Location</b>		<b>Location</b>	
<b>Time</b>		<b>Time</b>	
<b>Type/purpose</b>		<b>Type/purpose</b>	
<b>Who attends</b>		<b>Who attends</b>	
<b>How often</b>		<b>How often</b>	
<b>Location</b>		<b>Location</b>	
<b>Time</b>		<b>Time</b>	
<b>Communicating with your organization's members</b>			
<b>Do you publish a newsletter?</b>			
<b>Do you use any electronic channels (for example, e-mail or website)?</b>			